

**LEAVE SAMPLES ON LAB CART. RESULTS WILL BE PHONED OR EMAILED TO YOU.**



Utah County Cooperative Extension Service  
100 East Center, L 600  
Provo, UT 84606 Phone: 801-370-8460

**VEGETABLES**  
Diagnostic Lab  
Form  
\$1.00 paid \_\_\_\_\_

1. Date: \_\_\_\_\_
2. For: Commercial \_\_\_\_\_ Homeowner \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_
5. Phone Number:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Email: \_\_\_\_\_
6. Plant Name (Common or Scientific): \_\_\_\_\_
7. Where is the plant found? (Circle)  
Field                  Forest                  Nursery  
Indoors              Front Yard      Back Yard  
Lawn                  Orchard                  Greenhouse  
Other \_\_\_\_\_
8. Miscellaneous Information:  
Age of the plant \_\_\_\_\_  
Is the problem getting worse? \_\_\_\_\_  
When was the problem first observed? \_\_\_\_\_
9. What is the soil like? (Circle)  
Sandy      Loam      Clay      Other \_\_\_\_\_
10. Drainage: (Circle)  
Good      Fair      Poor
11. Watering:  
How often do you water? \_\_\_\_\_  
How long do you water? \_\_\_\_\_  
What time of day do you water? \_\_\_\_\_  
  
Describe irrigation system: (Circle)  
Sprinkler                  Soaker                  By hand  
Stationary                  Drip
12. Plant part(s) Affected: (Circle)  
Stems                  Roots                  Leaves  
Flowers                  Fruit                  Other \_\_\_\_\_
13. Symptoms: (Circle)  
Die Back                  Yellowing                  Leaf Drop  
Leafspots/blight                  Leaf Holes  
Marginal Burn                  Skeletonizing  
Borer Holes                  Streaks                  Mosaic  
Galls                  Wilting  
Other: \_\_\_\_\_
14. Pesticides and fertilizers:  
Name of product \_\_\_\_\_  
Rate and date applied \_\_\_\_\_
15. Describe symptom development: \_\_\_\_\_